

## NOTICE OF INDEPENDENT REVIEW DECISION

June 13, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0468-01

IRO Certificate #: 4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_ physician reviewer who is board certified in chiropractic care which is the same specialty as the treating physician. The \_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 43 year old female was injured on the job on \_\_\_\_ when she slipped and fell while moving a desk to clean. The patient was seen in the emergency department for x-rays and pain medication. The treating chiropractor has made a referral to \_\_\_\_ and is requesting that the patient undergo Individual Therapy (CPT Code 90844), Biofeedback Training (CPT Code 90900) and Biofeedback Thermal Regulation (CPT Code 90906).

### Requested Service(s)

Individual Therapy (CPT Code 90844), Biofeedback Training (CPT Code 90900) and Biofeedback Thermal Regulation (CPT Code 90906).

### Decision

It is determined that the Individual Therapy (CPT Code 90844), Biofeedback Training (CPT Code 90900) and Biofeedback Thermal Regulation (CPT Code 90906) are not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The use of biofeedback is not concretely supported by current medical literature for the treatment of chronic lower back pain.

The Agency for Health Care Policy and Research indicated that biofeedback as a treatment for low back problems has been studied only for chronic problems and that most of the studies are of mediocre quality and arrive at conflicting results. Therefore, they concluded that there is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back pain (*AHCPR Clinical Guidelines #14: Acute Low Back Problems in Adults, 1994*).

Forty-five low back pain patients were randomly assigned to either a standard inpatient rehabilitation program or the standard program with additional psychological components. The standard program emphasized education, support, and physical reconditioning through exercise. Patients receiving the psychological program were given additional training in relaxation and other coping skills and received contingent reinforcement for exercise. Both programs included reduction of medication intake and an emphasis on family involvement after discharge. Measures of functional status were taken prior to the program, at discharge from the 3-week inpatient program, and at a 6-month follow-up appointment. These data revealed that patients improved their overall functioning at discharge and maintained these gains at the follow-up assessment. A similar pattern of finding was obtained for self-reported pain and interference. Furthermore, 81% of the patients had returned to work or were engaged in active job retraining by the follow-up. Using a conservative measure of full-time return to the same or an equivalent job, 57% were employed by the follow-up. *Patient improvement, however, was not differentially affected by treatment group assignment, suggesting that the psychological treatment failed to add to the effectiveness obtained by the standard rehabilitation program.* Results are discussed in the context of improving patient outcomes from rehabilitation for low back pain. (Altmaier EM, et al, "The effectiveness of psychological interventions for the rehabilitation of low back pain: a randomized controlled trial evaluation." *Pain* 1992 Jun; 49(3): 329-35)

Sixty-six chronic low back pain sufferers were randomly divided into three groups. Following individual assessment consisting of psychological questionnaires, pain monitoring, and measurement of paraspinal electromyogram (EMG), one group received paraspinal EMG biofeedback and another a placebo treatment. The third group received no intervention. Two further assessments were carried out on all groups immediately after treatment and at a 3-month follow-up. All groups showed significant reduction in pain, anxiety, depression and paraspinal EMG following treatment and at follow-up, but there were no differences between the groups. A regression analysis failed to identify subjects' characteristics that predicted positive outcome in the biofeedback group. However, high scores on the Evaluative scale of the McGill Pain Questionnaire and high hypnotizability were significant predictors of positive outcome for the placebo group. *It is concluded that paraspinal EMG biofeedback is not a specific treatment for chronic low back pain in a nonhospitalized population.* (Bush C, Ditto B, Feurstein M., "A controlled evaluation of paraspinal EMG biofeedback in the treatment of chronic low back pain". *Health Psychol* 1985; 4(4): 307-21)

There is conflicting evidence on the effectiveness of biofeedback for chronic low back problems. There is no evidence available on the effectiveness of biofeedback in acute low back problems. (Royal College of General Practitioners, Clinical Guidelines for the management of Acute Low Back Pain, Review date: December 2001).

Therefore, It is determined that the Individual Therapy (CPT Code 90844), Biofeedback Training (CPT Code 90900) and Biofeedback Thermal Regulation (CPT Code 90906) are not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc:

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this \_\_\_\_\_ day of \_\_\_\_\_ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: